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**REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND
THE COUNCIL**

Implementation of the Public Health Programme in 2007

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(Text with EEA relevance)

1. INTRODUCTION

Under Article 12(1) of Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008)¹, the Commission must regularly monitor the implementation of the actions under the programme in the light of the objectives. This report aims to inform the European Parliament and the Council of the implementation of the Public Health Programme in 2007. A report on the first four years of the Programme can be found on the Europa website².

2. HEALTH POLICY IN 2007

2007 was a year of major policy achievements for the Health and Consumer Protection Directorate-General, as it was marked by the adoption of the Second Programme of Community Action in the Field of Health (2008-13) and of the White Paper “Together for Health, a Strategic Approach for the EU 2008-2013”.

2.1. Second Programme of Community Action in the Field of Health (2008-13)

The **Second Programme of Community Action in the Field of Health (2008-13)**³ was adopted by the European Parliament and the Council on 23 October 2007. It is structured around three strands (improve citizens’ health security, promote health, generate and disseminate health information and knowledge) and has a financial envelope of EUR 321 500 000. It is intended to complement, support and add value to the policies of the Member States and contribute to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety and by improving public health.

2.2. The EU health strategy

The **White Paper** “Together for Health, a Strategic Approach for the EU 2008-2013”⁴ was adopted on 23 October 2007. It brings together in a coherent and comprehensive framework a range of EU policies that impact on health. Its aims are to foster good health in an ageing Europe by promoting good health throughout the lifespan, to protect citizens from health threats including communicable diseases and patient safety, and to support dynamic health systems and new technologies.

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¹ OJ L 271, 9.10.2002, p. 1.

² http://europa.eu.int/comm/health/ph_programme/keydo_programme_2003_2008_en.htm.

³ Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13), OJ L 301, 20.11.2007, p. 3.

⁴ COM(2007) 630 final, 23.10.2007.

It sets out principles to underpin health policy: the need for a value-driven approach, health and wealth, strengthening the EU's voice in global health and integration of health in all policies. In this respect, the Commission ensures that there is an assessment of the impact on health of major policies and actions developed.

3. BUDGET OUTLINE FOR 2007

The programme's overall budget for 2003-2008 was EUR 354 million. The budget for 2007 was estimated at EUR 41 870 000 in Commission Decision 2007/102/EC of 12 February 2007 adopting the work plan for 2007 for the implementation of the programme of Community action in the field of public health (2003-2008), including the annual work programme for grants⁵. The operating budget and the administrative budget were estimated respectively at EUR 40 638 000 and EUR 1 232 000.

4. GRANTS

4.1. Call for proposals

A single call for proposals, covering all work plan activities for 2007, was published on 16 February 2007 and closed on 20 May 2007. It was published in the Official Journal⁶, on the website of the Executive Agency for the Public Health Programme (PHEA)⁷ and on the Europa website⁸.

An Information Day took place in Luxembourg on 28 February for stakeholders and public health professionals interested in submitting proposals under the Public Health Programme (2003-2008). In addition to this, national Information Days were held in Vilnius, Warsaw, Madrid, Seville, Rome, Sofia and Lisbon.

The indicative amount for the call for proposals was EUR 33 888 000.

A total of 222 applications were submitted for the three strands (93 for Health Information, 17 for Health Threats and 112 for Health Determinants). Seven applications were excluded during the screening and selection phase, because the proposals had not been submitted on time or were incomplete. The remaining 215 proposals were submitted to peer review panels composed of independent experts to assess all the criteria covered by Commission Decision 2007/103/EC laying down general principles and criteria for the selection and funding of actions under the Public Health Programme (2003-2008)⁹, and also of officials from the Health and Consumer Protection Directorate-General responsible for assessing the policy-relevant criteria.

An Evaluation Committee, composed of representatives of the Commission's Directorates-General for Health and Consumer Protection and for Research, Directorate-General Eurostat and the PHEA, produced a final list of proposals recommended for funding per strand and a single consolidated reserve list, and agreed on the proposals to be rejected.

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⁵ OJ L 46, 16.2.2007, p. 27.

⁶ OJ C 34, 16.02.2007, p. 11.

⁷ http://ec.europa.eu/phea/documents/Call_text_2007.pdf.

⁸ http://ec.europa.eu/health/dyna/whatsnew/whatsnew_en.cfm.

⁹ OJ L 46, 16.2.2007, p. 45.

The final list of proposals recommended for funding, the consolidated reserve list and proposals to be rejected were submitted to 39 external evaluators. As a result of the evaluation process, a list of 63 projects (23 for Health Information, 11 for Health Threats and 29 for Health Determinants) and a reserve list of 11 projects (8 for Health Information and 3 for Health Determinants) were drawn up, respectively totalling EUR 37 575 948 and EUR 4 523 107.

Statistical information on the 2007 call for proposals is available in “Statistical Analysis of 2007 Call for Proposals in the Public Health Programme”, published on the PHEA website¹⁰.

In September 2007, the Committee for the implementation of the Community action programme on public health (2003-2008) gave a favourable opinion to finance the proposals selected by the evaluation procedure.

4.2. Calls for tender

A number of actions were initiated either by launching calls for tender or by using the existing framework contracts. The most significant are listed below:

- A production of a TV spot on nutrition that was shown during UEFA Champions League football matches. Creation costs were borne by the advertising agency that won a contest and the Commission covered production costs.
- Continuation of the maintenance, development and promotion of the Public Health Portal of the European Union¹¹.
- Development of a web-based information tool on indoor air quality in cooperation with the Joint Research Centre (JRC).
- An administrative agreement with the JRC for follow-up of the WHO Framework Convention on Tobacco Control, for scientific support and for analysis of tobacco ingredients.
- Further development of the Generic Rapid Alert System and software for the EU Health Emergency Operating Facilities. Further development of the EU crisis management infrastructure.
- Guidelines for application of the Community standards and specifications in relation to quality systems for blood/blood components and tissues and cells.
- Several workshops and conferences which brought together scientists, stakeholders and public authorities.
- Several impact assessments, including one on Health Services and Health Strategy.

4.3. Cooperation with international organisations

The Commission has further enhanced its collaboration with the **World Health Organisation (WHO)**, as a result of having signed in March 2007 contracts for seven new joint projects worth a total of EUR 4 242 963, 60% of which is funded by the Community Public Health Programme (2003-2008). The contracts cover EU health policy priorities on environment and health, injuries, equity in health, health

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¹⁰ http://ec.europa.eu/phea/documents/10_QAbis.pdf.

¹¹ <http://health.europa.eu>.

security, health services, alcohol and emergency services. The projects will be implemented by WHO Europe over a period of three years.

A high-level meeting between Dr Margaret Chan, Director-General of the WHO, Commission President Barroso and Commissioners Kyprianou and Potočník took place on 12 June 2007 to discuss strategic health priorities, such as the health consequences of climate change, global health security, and improving health outcomes in Africa. A Senior Officials Meeting between the WHO and the Commission was organised on 18 October 2007.

As regards cooperation with the **Organisation for Economic Cooperation and Development (OECD)**, contracts between the OECD and the Commission were signed in June 2007, and during the European Health Forum in Gastein in October 2007 the OECD organised a workshop on “Health workforce shortage and migration”. Among other OECD meetings, the Commission attended the OECD correspondents’ meeting in Paris in October 2007. Building on the results from the pilot data collection on the migration of health professionals under the OECD “Health Workforce and Migration Project”¹², the OECD Secretariat proposed that a new regular data collection on the migration of health professionals under *OECD Health Data* should focus as much as possible on foreign-trained doctors, as a key element in assessing the role and impact of the international mobility of doctors. Joint work with Eurostat and the WHO continued on the System of Health Accounts, also under the framework of the direct agreement.

4.4. Sub-delegation to Eurostat

In accordance with Section 2.5, Annex I, of the Work Plan for 2007¹³, a budget of EUR 400 000 was set aside for sub-delegation to Eurostat for the purposes of supporting:

(1) national statistical authorities in the implementation in 2007-2008 of the European Health Interview Survey (EHIS) core modules (as defined in the Statistical Programme for 2007);

(2) national statistical authorities in the implementation and further expansion of the System of Health Accounts in the EU (in cooperation with the OECD and the WHO).

For the first of these activities, EUR 200 000 was sub-delegated. In June 2007 Eurostat launched a call for proposals restricted to the institutions belonging to the European Statistical System and 13 applications were received. The evaluation of the applications – in which a representative of the Health and Consumer Protection Directorate-General participated – resulted in 11 applications being accepted. The sub-delegated budget of EUR 200 000 together with EUR 555 716.15 from Eurostat’s own budget planned for the implementation of EHIS resulted in an overall amount of EUR 755 716.15, which was used for 11 grants given to EU Member States. The sub-delegated budget of EUR 200 000 was totally consumed (committed to the grants for two countries: Cyprus and Latvia).

For the second, EUR 200 000 was sub-delegated. In July 2007 Eurostat launched a call for proposals restricted to the institutions belonging to the European Statistical System and seven countries applied for a grant for this specific project. The

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¹² http://www.oecd.org/document/47/0,3343,en_2649_33931_36506543_1_1_1_1,00.html.
¹³ OJ L 46, 16.2.2007, p. 27.

evaluation of the applications resulted in all seven applications being accepted and the sum of EUR 165 160.31 was committed, which amounts to 82.6% of the estimated budget for this project.

5. STRUCTURAL SUPPORT

5.1. Executive Agency for the Public Health Programme

Technical, scientific and administrative assistance needed to implement the 2007 call for proposals was provided by the Executive Agency for the Public Health Programme (PHEA), which was set up by Decision 2004/858/EC¹⁴. It organised the 2007 call for proposals, coordinated the evaluation of the projects submitted, and negotiated and signed the related grant agreements.

6. PUBLIC HEALTH PROGRAMME 2003-2008: INTERIM EVALUATION

As required by Article 12(3) of Decision No 1786/2002/EC¹⁵, an external assessment of the first three years' implementation and achievements of the programme was carried out. The Final Report was finalised and published in 2007 and made available on the Europa site¹⁶. Although the evaluation drew largely positive conclusions, some recommendations have been proposed and taken into account in an action plan already partly implemented. The conclusions of the evaluation were communicated to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions in 2008.

7. MAIN ACTIVITIES IN 2007

7.1. Health information

The preparation of the **implementation report on the Council Recommendation of 2 December 2003 on cancer screening**¹⁷ started in February 2007. A questionnaire was sent to the Member States during the summer and answers from 18 Member States were received. The questionnaire provides one of the pillars of the report. Further data are provided by the International Agency on Research on Cancer (IARC) in the framework of several Public Health Programme projects. The report is expected to be published during the second quarter of 2008.

The preparation for the Commission Communication on a **European action in the field of rare diseases** started in spring 2007. The European Conference on Rare Diseases was held in Lisbon under the Portuguese Presidency, and the public consultation¹⁸ for the communication was announced during the conference.

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¹⁴ OJ L 369, 16.12.2004, p. 73.

¹⁵ OJ L 271, 9.10.2002, p. 1.

¹⁶ http://ec.europa.eu/health/ph_programme/documents/evaluation/PHP_evaluation_en.pdf.

¹⁷ OJ L 327, 16.12.2003, p. 34.

¹⁸ http://ec.europa.eu/health/ph_threats/non_com/cons_rare_dis_en.htm.

7.2. Health threats

The most important **disease incidents** notified during 2007 by the EU's Early Warning and Response System (EWRS), set up by Decision No 2119/98/EC¹⁹, were related to: the Chikungunya fever outbreak in Italy, haemorrhagic fever caused by Ebola Virus in Uganda, an HBV vaccine adverse event in Vietnam, the multidrug resistant tuberculosis incident affecting a US citizen travelling from the US to the EU, a Salmonella Tennessee event, and a legionellosis event involving EU tourists in Thailand. In addition to these incidents, a number of messages related to information about the measures planned or implemented in the Member States to respond to avian influenza outbreaks either within or outside the EU were posted. The operation of the EWRS informatics tool was successfully transferred to the European Centre for Disease Prevention and Control (ECDC). After testing, the application was put online on 17 November 2007 with the Commission continuing to ensure coordination of national measures, as provided for in the Community legislation on communicable disease.

The EU Member States' Preparedness Plan assessment is a two-year process. This work began in the first quarter of 2005 and ended in October 2007. In 2007, the Health and Consumer Protection Directorate-General actively participated within the joint ECDC-WHO-EC assessment team in visiting seven Member States: Malta, Finland, Cyprus, Slovenia, Bulgaria, Estonia and Romania. The observation was that all Member States had made significant efforts to improve their preparedness plans and each country highlighted certain domains of expertise. In view of this, several Member States were asked to present their best practices and to exchange their experiences at the **fourth joint EC-ECDC-WHO Workshop on Pandemic Influenza Preparedness**²⁰, held in Luxembourg in 2007. It brought together representatives not just from the 27 EU countries, but from all 53 countries covered by the WHO's Office for Europe. Internationally reputed experts were invited to present the latest developments in scientific research on flu, bird flu and flu pandemics. The workshop provided an opportunity for an exchange of experience between countries at the sessions devoted to good practice and during the two exercises on communication and the preparation of hospitals.

During 2007, the Health Security Committee received a renewed mandate and developed its rules of procedure and new structure. The support for health security committee priorities, identified in its multi-annual work plan will be open to support from the EU Public Health Programme.

A call for tender was launched to establish a framework contract for scripting, planning, conducting and evaluating exercises related to public health matters. The five targeted deliverables are case-studies, table-top exercises, command-post exercises, filed exercises and trainings, all with specific focus on risk management in the field of new and emerging health threats, such as chemical, biological and radionuclear threats, pandemics or communicable diseases.

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¹⁹ Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community, OJ L 268, 3.10.1998, p. 1–7.

²⁰ http://ec.europa.eu/health/ph_threats/com/Influenza/ev_20070925_en.htm.

7.3. Health determinants

The aims of the Commission “Communication on combating **HIV/AIDS** within the European Union and in the neighbouring countries, 2006-2009”²¹ were further pursued through regular cooperation and consultation with Member States and stakeholders, especially through the HIV/AIDS Think Tank and the HIV/AIDS Civil Society Forum. An “EU-Russia dialogue on HIV/AIDS” conference deepened the cooperation between the Commission and the eastern neighbourhood. World AIDS Day initiatives included visits to schools by Commissioner Kyprianou and Health Ministers in the respective Member States, as well as an exhibition on Commission activities to tackle HIV/AIDS. Council conclusions of the May 2007 meeting called on the Commission to continue working towards HIV/AIDS prevention and for improved access to antiretroviral medication in Europe. This post-Bremen process entails cooperation between Member States, the Trio Presidency, the pharmaceutical industry and civil society.

As regards **alcohol**, 2007 was marked by establishing the implementation structure for the Commission “Communication on an EU strategy to support Member States in reducing alcohol-related harm”²², adopted in October 2006. With a view to implementing the strategy, the following measures were taken:

- creation of the European Alcohol and Health Forum and subsequent establishment of two Task Forces (“Youth-specific aspects of alcohol” and “Marketing Communication”). The main purpose of the Forum is to stimulate concrete action aimed at reducing alcohol harm by all relevant stakeholders. By the end of 2007, the members of the Forum had introduced 75 commitments for action.

The content and implementation of these commitments can be examined on the Commission’s website²³.

- establishment of the Committee on National Policy and Action, composed of Member States’ representatives. This committee is concerned mainly with the further development and coordination of alcohol policies.
- preparation for the establishment of the Committee on Data Collection, Indicators and Definitions, which will work towards providing comparable and regularly updated data on alcohol consumption, drinking patterns and alcohol-related harm, as well as on common indicators and definitions.

In May 2007 the Commission adopted a White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity related health issues²⁴, based on analysis of the responses to the Green Paper “Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”²⁵ and on an impact assessment. With a view to implementing the Strategy, the Commission established a High Level Group on **Nutrition and Physical Activity** (first meeting 29 November). In December 2007 the Council conclusions on putting the EU Strategy on Nutrition, Overweight and Obesity related health issues into operation endorsed the major points raised in the Commission’s White Paper,

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²¹ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2005:0654:FIN:EN:PDF>.

²² http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_com_625_en.pdf.

²³ http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/alcohol_forum_en.htm.

²⁴ COM (2007) 279 final, 30.5.2007.

²⁵ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_gp_en.pdf.

such as to continue to further develop the EU Platform, to set up a High Level Group on Nutrition and Physical Activity and to consider salt reduction as its first topic. The European Platform for Action on Diet, Physical Activity and Health²⁶ met five times in plenary sessions and contributed to two workshops (one on Nutrition and Physical Activity at the workplace and one on Physical Activity). Platform Members continued to implement more than 200 commitments for actions to halt and reverse current obesity trends.

The 2005-2008 “HELP: For a Life without **Tobacco**” EU anti-smoking campaign targeting mainly adolescents (15 to 18-year-olds) and young adults (18 to 30-year-olds) was continued. During a 30-month period more than 46 000 TV spots, using 96 national TV channels and the Internet, achieved more than 3.2 billion contacts within the target group of young people. In parallel, the EU “Help” website²⁷ got more than 4.2 million hits and over 5 000 press articles were triggered in the European press. The CO measurement campaign launched in March 2006 achieved more than 200 000 tests and over 600 national events were organised across the EU. Finally, the European Youth Manifesto against Tobacco²⁸, drafted by young people themselves on the basis of 25 national consultations, was promoted in the Member States through national activities.

As a follow-up to the extensive public consultation²⁹ on the basis of the Green Paper “Promoting the **mental health** of the population: Towards a strategy on mental health for the EU”³⁰ of October 2005, the Commission announced, at the meeting of the EPSCO Council in December 2007, the organisation of a high-level conference on mental health with the objective of establishing a European Pact for Mental Health.

The Commission collaborated closely with the Portuguese Presidency in highlighting the health of migrants as a priority. The Public Health Programme (2003-2008) provided financial support for the conference “**Health and Migration** in the EU: Better health for all in an inclusive society”, which was held in Lisbon in September 2007. The conference was addressed by Commissioner Kyprianou.

The Commission adopted, on 18 April 2007, a report on the implementation of the Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence³¹. The report concludes, in particular, that harm reduction interventions in prisons within the European Union are still not in accordance with the principle of equivalence between health services and care (including harm reduction) inside prison and those available to society outside prison, as set out in the 2003 Council Recommendation and by the relevant UN bodies. On 10 December 2007 the Commission adopted a Communication on the 2007 Progress Review of the implementation of the EU Action Plan on **drugs** (2005-2008)³².

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²⁶ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/platform_en.htm.

²⁷ <http://www.help-eu.com/>.

²⁸ http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/help/manifesto_en.htm.

²⁹ http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/consultation_en.htm.

³⁰ http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf.

³¹ COM(2007) 199.

³² COM(2007) 781.

A number of measures were taken forward to fulfil the commitments arising from the EU Environment and Health Action Plan 2004-2010. The expert working group on **indoor air quality** met twice in 2007 to advise the Commission on the EU programmes and policies related to ambient air quality and on actions aimed at reducing relevant pollutant emissions/concentrations.

7.4. Risk assessment

The Scientific Committees relevant to the Public Health Programme (2003-2008) were financed as laid down in Section 2.4, Annex I, of the Work Plan for 2007³³.

During 2007, the three Scientific Committees³⁴, namely the Scientific Committee on Consumer Products (the SCCP), the Scientific Committee on Health and Environmental Risks (the SCHER), and the Scientific Committee on Emerging and Newly Identified Health Risks (the SCENIHR), adopted a wide range of opinions on scientific assessment of health and/or environmental risks. These related to certain hair dyes used in Europe (as part of a systematic review of possible cancer risks in order to establish a positive list of these substances), nanomaterials in cosmetic products, dangerous substances (certain “existing substances” assessed under Regulation 793/93), indoor air pollutants to provide the Commission with a sound scientific basis for developing and implementing policies on indoor air (as this is one of the major environmental health concerns for Europe), dental amalgams and their alternatives, as well as the effects of smokeless tobacco products.

With regard to **electromagnetic fields**, the Health and Consumer Protection Directorate-General started preparing a report on the implementation of Council Recommendation 1999/519/EC on the limitation of exposure of the general public to electromagnetic fields. A Working Group of government experts from the Member States was established to support the preparation of the report, which is expected to be published in the first half of 2008.

The first Annual Nanotechnology Safety for Success Dialogue Workshop on **nanotechnologies** in consumer products including food, cosmetics and medical applications took place in Brussels in October 2007³⁵.

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OJ L 46, 16.2.2007, p. 27.

³⁴

http://ec.europa.eu/health/ph_risk/committees/committees_en.htm.

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http://ec.europa.eu/health/ph_risk/ev_20071025_en.htm.